ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | 𝑀𝑋 | 𝒟𝒮𝒾𝓁 16 | 3/28 |
| O.I.P.E. CLASSIFIER | | | ϩϩ/ω |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |
| | | 7/47/ | 5/16 |

## INDEX OF CLAIMS

| | | |
|---|---|---|
| ✔ .............................. Rejected | N .............................. Non-elected |
| = .............................. Allowed | I .............................. Interference |
| — (Through numeral)... Canceled | A .............................. Appeal |
| ÷ .............................. Restricted | O .............................. Objected |



If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)